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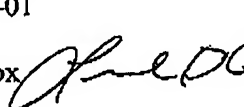
**FACSIMILE TRANSMISSION COVER SHEET**

DATE: November 30, 2006

TO: Mail Stop Amendment  
U.S. Patent and Trademark Office  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

EXAMINER: Brian R. Gordon, Group Art Unit 1743

RE: U.S. Patent Application No. 10/603,049  
For: Bead Dispensing System  
Our Ref.: 5010-345-01

FROM: Leonard D. Bowersox 

FAC. NO.: (571) 273-8300

**NUMBER OF PAGES (INCLUDING THIS COVER SHEET): 16**

Papers Filed Herewith: Transmittal Form 1 Page  
Fee Transmittal 1 Page  
Credit Card Payment Form PTO-2038 for \$180.00 (1 Page)  
Amendment (9 Pages)  
Information Disclosure Statement (2 Pages)  
PTO/SB/08a 1 Page

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PTO/SB/21 (08-00)

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/603,049
		Filing Date	June 24, 2003
		First Named Inventor	Charles S. Vann et al.
		Group Art Unit	1743
		Examiner Name	Brian R. Gordon
Total Number of Pages in This Submission	15	Attorney Docket Number	5010-345-01
<b>ENCLOSURES (check all that apply)</b>			
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition For Extension of Time <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Acknowledgement Postcard <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> Credit Card Payment Form PTO-2038 for \$180.00 Form PTO/SB/08a  <b>Customer No. 35411</b>	Remarks
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>			
Firm or Individual name	Leonard D. Bowersox		
Signature			
Date	November 30, 2006		
<b>CERTIFICATE OF MAILING</b>			
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Type or printed name	Virginia J. Byers		
Signature		Date	November 30, 2006

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PTO/SB/17 (12-04)

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Effective on 12/3/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		<b>Complete if Known</b> Application Number 10/603,049 Filing Date June 24, 2003 First Named Inventor Charles S. Vann et al. Examiner Name Brian R. Gordon Art Unit 1743 Attorney Docket No. 5010-345-01	
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27			
<b>TOTAL AMOUNT OF PAYMENT</b> (\$180.00)			

**METHOD OF PAYMENT (check all that apply)**

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP =	x	=				
HP = highest number of independent claims paid for, if greater than 3						

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: Information Disclosure Statement

180.00

**SUBMITTED BY**

Signature	Registration No. 33,226 (Attorney/Agent)	Telephone 703-385-9688
Name (Print/Type) Leonard D. Bowersox		Date November 30, 2006

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